

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
#04-08

2. STATE
Nevada

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
July 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 U.S.C. 1396a(a)(10)(A)(i)(IV), (VI), (VII)

7. FEDERAL BUDGET IMPACT:
a. FFY 2004/2005 \$ 165,000
b. FFY 2005/2006 \$ 165,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 2.6A, pages 18-21
Supplement 2 to Attachment 2.6A, pages 1, 2, 4, and 5
Supplement 5a to Attachment 2.6A, page 1
Supplement 8b to Attachment 2.6A, page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 2.6A, pages 18-21
Supplement 2 to Attachment 2.6A, pages 1, 2, 4, and 5
Supplement 5a to Attachment 2.6A, page 1
Supplement 8b to Attachment 2.6A, page 2

10. SUBJECT OF AMENDMENT: Removal of asset/resource test for pregnant women, infants, and children under 19 for the Child Health Assurance Program.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME
Michael J. Willden:

14. TITLE:
Director, DHR

15. DATE SUBMITTED: JUN 08 2004

16. RETURN TO:

John A. Liveratti, Chief
DHCFF/Medicaid
1100 East William Street, Suite 102
Carson City, NV. 89701

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
June 8, 2004

18. DATE APPROVED: August 9, 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:
Pat Daley for Linda Minamoto

21. TYPED NAME:
Linda Minamoto

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women

a. Mandatory Groups

 Same as SSI resources levels.

 X Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
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<u> 1 </u>	
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<u> 2 </u>	
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b. Optional Groups

 Same as SSI resources levels.

 Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
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<u> 1 </u>	
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<u> 2 </u>	
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TN No. 04-08
Supersedes
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Approval Date Effective Date 07/01/04

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

2. Infants

a. Mandatory Group of Infants

 Same as resource levels in the State's approved AFDC plan.

 X Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
Any	No Limit Imposed

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3. Children

- a. Mandatory Group of Children under Section 1902(a)(10)(i)(VI) of the Act. Children who have attained age 1 but have not attained age 6.)

 Same as resource levels in the State's approved AFDC plan.

 X Less restrictive than the AFDC levels and are as follows:

Family Size
Any

Resource Level
No Limit Imposed

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March 1992

SUPPLEMENT 2 TO ATTACHMENT 2.6-A
Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

- b. Mandatory Group of Children under Section 1902(a)(10)(i)(VII) of the Act. (Children born after September 30, 1983 who have attained age 6 but have not attained age 19.)

 Same as resource levels in the State's approved AFDC plan.

 X Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
Any	No Limit Imposed

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Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 5a TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS
WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under the authority of section 1902(r)(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902(r)(2) methods.)

The resource methodology of the Supplemental Security Income (SSI) Program is used except as follows:

Poverty Level Pregnant Women, Infants and Children Described in Section 1902(1) of the Act

Nevada no longer applies a resource limitation to these groups.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

 Section 1902(f) State X Non-Section 1902(f) State

Parent to Child Deeming

Nevada does not impose SSI deeming provisions (parent to child) when determining eligibility for Qualified Medicare Beneficiaries (QMB). Only the child's resources are considered. (1902(a)(10)(E) and 1905(p) of the Social Security Act.)

First Day of the Month Resources Rule

An applicant/recipient may be eligible for assistance in a month if their resources are under the resource limits on any day of that month (42 CFR Part 435.211, 435.231 and 435.217; and 1902(a)(10)(E) and 1905(p) of the Social Security Act.)

Household Goods and Personal Effects

Nevada does not impose a value limitation on an applicant/recipient's household goods and personal effects (42 CFR Part 435.211, 435.231 & 435.217; and 1902(a)(10)(E) and 1905(p) of the Social Security Act.)

Resource Test for Pregnant Women and Children Described in 1905(n) of the Act

Nevada no longer applies a resource limit.

Resource Exclusion for Children in the Custody of a Public Agency

The resources of children will be excluded when:

- The child is in the custody of a state, county or tribal public agency,
AND
- The child is placed in an approved living arrangement.

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ATTACHMENT 2.6-A
Page 18
OMB No.: 0938-

State: NEVADA

Citation

Condition or Requirement

1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B)
and (C), and
1902(r)(2) of
the Act

- d. Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act. The agency uses the following methods for the treatment of resources:

___ The methods of the SSI program.

XX SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

___ Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in Supplement 5 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8b to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

1902(1)(3)
and 1902(r)(2)
of the Act

- e. Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.

The agency uses the following methods in the treatment of resources.

___ The methods of the SSI program only.

___ The methods of the SSI program and/or any more liberal methods described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.

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Page 19
OMB No.: 0938-

State: NEVADA

Citation

Condition or Requirement

___ Methods that are more liberal than those of SSI. The more liberal methods are specified in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.

X Not applicable. The agency does not consider resources in determining eligibility.

1902(1)(3) and
1902(r)(2) of
the Act

f. Poverty level infants covered under section 1902(a)(10)(A)(i)(IV) of the Act.

The agency uses the following methods for the treatment of resources:

___ The methods of the State's approved AFDC plan.

1902(1)(3)(C)
of the Act

___ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in Supplement 5a to ATTACHMENT 2.6-A.

1902(r)(2)
of the Act

___ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 5a or Supplement 8b to Attachment 2.6-A.

X Not applicable. The agency does not consider resources in determining eligibility.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	<p>g. 1. <u>Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act.</u></p> <p>The agency uses the following methods for the treatment of resources:</p> <p><u> </u> The methods of the State's approved AFDC plan.</p>
1902(1)(3)(C) of the Act	<p><u> </u> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u></p>
1902(r)(2) of the Act	<p><u> </u> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u></p> <p><u> X </u> Not applicable. The agency does not consider resources in determining eligibility.</p>

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State: NEVADA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(l)(3) and 1902(r)(2) of the Act	<p>g. 2. <u>Poverty level children under section 1902(a)(10)(A)(i)(VII)</u></p> <p>The agency uses the following methods for the treatment of resources:</p> <p><input type="checkbox"/> The methods of the State's approved AFDC plan.</p>
1902(l)(3)(C) the Act	<p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in <u>Supplement 5a of ATTACHMENT 2.6-A</u>.</p>
1902(r)(2) of the Act	<p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.</p> <p><input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p>

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3)(A), (B) and (C) of the Act	<p>c. For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard.</p> <p><u> </u> Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><u> X </u> No. The agency does not apply a resource standard to these individuals.</p>
1902(1)(3)(A) and (C) of the Act	<p>d. For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard.</p> <p><u> </u> Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><u> X </u> No. The agency does not apply a resource standard to these individuals.</p>

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